

**REQUEST FOR GRAPHIC ARTS
AND/OR PHOTOGRAPHIC SERVICES****AUDIO VISUALS SERVICES CONTROL NO.**

GRAPHIC ARTS

PHOTO LAB

INSTRUCTION: To request both graphic arts and photographic services, submit to Audio Visuals Service in triplicate.
To request only one type of service, submit in duplicate.

REQUESTING OFFICE AND PERSON TO CONTACT

MAIL ROUTING SYMBOL

TELEPHONE EXTENSION

DELIVERY DATE REQUESTED
(If applicable)

SIGNATURE OF AUDIO VISUALS COORDINATOR

DATE

PURPOSE OR SUBJECT

GRAPHIC ARTS

PRODUCT REQUESTED

☐ CHART ☐ COPY FOR SLIDE ☐ COPY FOR VU-GRAPH ☐ SIGN ☐ LETTERING ON CERTIFICATE
☐ OTHER (Specify)

QUANTITY

FINISHED SIZE

X

COLOR

☐ BLACK AND
WHITE☐ OTHER
(Specify)**STILL PHOTOGRAPHY**

SLIDES

NO. OF PIECES ATTACHED

NO. OF SLIDES OF EACH

SIZE

☐ 35 MM (2" X 2") ☐ 3-1/4" X 4" ☐ VU-GRAPH

TYPE

☐ BLACK AND WHITE
POSITIVE☐ BLACK AND WHITE
NEGATIVE☐ COLOR
(Specify)

MOUNTS (Vu-graphs only)

☐ WIDE☐ NARROWCOPY
WORK

NO. OF PIECES ATTACHED

NO. PRINTS OF EACH

PRINT SIZE

X

FINISH

☐ MATTE☐ GLOSSY

REPRINTS

NO. PRINTS

PRINT SIZE

X

FINISH

☐ MATTE☐ GLOSSYIndicate under "Special instructions" if
wider than 1/4" margins required.PORTRAIT
WORK

NO. PRINTS

PRINT SIZE

X

FINISH

☐ MATTE☐ GLOSSY

KIND

☐ PORTRAIT☐ HEAD AND
SHOULDERS☐ IDENTIFICATION PHOTO☐ PASSPORT☐ OTHER
(Specify)SPECIAL
PHOTO-
GRAPHY

PLACE

OCCASION

DATE

TIME

NO. OF PEOPLE IN PHOTO

NO. OF SHOTS DESIRED

SPECIAL INSTRUCTIONS**FOR AUDIO VISUALS SERVICE USE**

ROUTING

DUE OUT

IN

OUT

COMPLETED BY

WORK UNITS

REMARKS